

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14029

## 1. PLACE OF DEATH

County CarrollRegistration Dist. No. 74Village or City SPRINGFIELD STATE HOSPITAL No. Sykesville, Maryland St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? 1 yrs. 1 mos. 1 ds.2. FULL NAME Margaret Aiple

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 2027 E. Hoffman St.

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofEugene Aiple6. DATE OF BIRTH (month, day, and year) June 22, 1877

7. AGE <u>58</u>	Years <u>5</u>	Months <u>25</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Bavaria  
(State or country) Germany13. NAME Conrad Noetgel14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT Hospital Records  
(Address) Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Baltimore Cemetery Date Dec. 19, 193519. UNDOERTAKER John Willink  
(Address) Baltimore Md.20. FILED Dec 17, 1935 Harry New  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 17, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
October, 1935, to December, 1935I last saw her alive on Dec. 16, 1935 death is said  
to have occurred on the date stated above, at 12:10 m. A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Diabetes mellitus

Date of onset

Nov. 1, 1935Chronic myocarditis and myocardial  
degeneration1927 (?)

Other Contributory Causes of importance:

Hypostatic pneumoniaDec. 13, 1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. Virginia Beyer

M. D.

(Address) Sykesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1219 Murray Blvd  
 July 13, 1927  
 H. J. ...

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

14030

## 1. PLACE OF DEATH

County CarrollVillage or City SykesvilleLength of residence in city or town where death occurred 1 yrs. 7 mos. 28 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Registration Dist. No. 94No. Springfield State Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Cordis Berry

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. R.F.D.#3 Frederick County, Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) November 11, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>0</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODDKEEPER, etc. <u>farm laborer</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>private farms</u>
	10. Date deceased last worked at this occupation (month and year) <u>September 1935</u>

11. Total time (years) spent in this occupation 812. BIRTHPLACE (city or town) (State or country) Madison Co., Virginia13. NAME Levi Berry14. BIRTHPLACE (city or town) (State or country) Page Co., Virginia15. MAIDEN NAME Alphie Weeden Sisk16. BIRTHPLACE (city or town) (State or country) Madison Co., Virginia17. INFORMANT Hospital records  
(Address) (above)18. BURIAL, CREMATION, OR REMOVAL  
Springfield State Hosp. Ceme. Date Dec. 3, 193519. UNDERTAKER Sherrill & Son Inc.  
(Address) Sykesville, Md.20. FILED Dec 2, 1935 @ Harry New  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 1, 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 10, 1934, to December 1, 1935I last saw h. in live on November 30, 1935; death is said to have occurred on the date stated above, at 5:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

(1) <u>Epilepsy</u>	since <u>1918</u>	Date of onset
(2) <u>Attack of epilepsy</u>	<u>12/1/35</u>	
(3) <u>Accidental mechanical suffocation</u>	<u>12/1/35</u>	

Other Contributory Causes of Importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 1, 1935Where did injury occur? In bed on hospital ward

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Springfield State HospitalManner of injury Turned on face in post epileptic stuporNature of injury Accidental mechanical suffocation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Taylor

M. D.

(Address) Derachel Reed Acting Coroner  
Sykesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This patient had a previous residence at this hospital from April 26, 1933 to June 7, 1933. History of severe head injury at age of 21 months suggests traumatic basis for convulsions; this was not substantiated by brain gross lesions. Gross autopsy findings were: marked venous congestion of brain and lungs; moderate congestion of liver, spleen and kidneys; marked dilatation of both ventricles of heart.



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## STATE OF MARYLAND—CERTIFICATE OF DEATH

14031

## 1. PLACE OF DEATH

County CarrollRegistration Dist. No. 74Village or City Sykesville, MarylandNo. SPRINGFIELD STATE HOSPITAL Ward

Length of residence in city or town where death occurred

yrs. 3 mos. 17 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Elizabeth Frances Bosley(a) Residence: No. 2663 W. North Ave.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofThomas Bosley

6. DATE OF BIRTH (month, day, and year)

May 1, 1850

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.85717

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.NONE9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Unknown

(State or country)

Maryland

FATHER

13. NAME

Jesse Ebaugh

14. BIRTHPLACE (city or town)

Unknown

(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Rachel Plowman

16. BIRTHPLACE (city or town)

Unknown

(State or country)

Maryland

17. INFORMANT

(Address)

Hospital RecordsSykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Date

Dec 21, 1935

19. UNDERTAKER

(Address)

W. J. Tichner & Sons  
211 Penna

20. FILED

Date

Dec 19, 1935Harry Huer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December18193 5

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
September 1, 1935 to December 18, 1935I last saw him alive on December 18, 1935, death is saidto have occurred on the date stated above, at 2:45 A. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Broncho-pneumonia

Date of onset

12-16-  
35

Other Contributory Causes of importance:

Known

Diabetes Mellitus8-10-  
35General Arteriosclerosis1925

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Harry F. Bauer

M. O.

(Address)

Sykesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14032

Maryland Tuberculosis Sanatorium

## 1. PLACE OF DEATH

County Carroll Colored Branch (23) Registration Dist. No. 74  
 Village or City Henryton, Maryland No. (above) St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 0 yrs. 9 mos. 26 ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME George Andrew BrooksWAR SERVICE None(a) Residence: No. Leonardtwn, St. Mary's Co., Md Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-----</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb., 10, 1892</u>		
7. AGE Years <u>43</u>	Months <u>10</u>	Days <u>12</u> if LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	
	11. Total time (years) spent in this occupation <u>Unknown</u>	

12. BIRTHPLACE (city or town) Medleys Neck  
 (State or country) Maryland

FATHER 13. NAME John Brooks

14. BIRTHPLACE (city or town) Leonardtwn  
 (State or country) Maryland

MOTHER 15. MAIDEN NAME Mollie Wentz

16. BIRTHPLACE (city or town) Leonardtwn  
 (State or country) Maryland

17. INFORMANT John E. O'Neill, M. D.  
 (Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL  
Interred in the Date Dec 24, 1935

19. UNDERTAKER Wm. C. O'Neill  
 (Address) Henryton, Md.

20. FILED 12/22/35  
Wm. C. O'Neill  
 Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 22, 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from  
Feb., 25, 1935, to Dec., 22, 1935

I last saw h. in alive on Dec., 22, 1935; death is said

to have occurred on the date stated above, at 1.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

June 1934

Other Contributory Causes of importance:

Name of operation ----- Date of -----What test confirmed diagnosis? ----- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury -----, 19      Where did injury occur? -----(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of Injury -----Nature of Injury -----24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify -----(Signed) John E. O'Neill M. D.(Address) Henryton, Maryland.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14033

## 1. PLACE OF DEATH

County Carroll Registration Dist. No. 76  
 Village or City near Sandyville No. 131 St.        Ward         
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

Milton Seymour Brown  
 (a) Residence: No.        St.        Ward.         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Fannie E. Spencer</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 28, 1868</u>		
7. AGE <u>67</u>	Years <u>67</u>	Months <u>4</u>
	Days <u>4</u>	If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Produce</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) <u>July 28, 1868</u>	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
13. NAME <u>Not known</u>
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>
15. MAIDEN NAME <u>Not known</u>
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>
17. INFORMANT <u>Edward P. Brown</u> (Address) <u>Westminster, Md.</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Sandyville</u> Date <u>Dec. 5, 1935</u>
19. UNDERTAKER <u>J. Francis Rose</u> (Address) <u>Westminster, Md.</u>
20. FILED <u>12/6</u> , 19 <u>35</u> <u>W. Woodruff</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 3<sup>rd</sup>, 1935  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from August 2<sup>nd</sup>, 1935, to Dec 3<sup>rd</sup>, 1935  
 last saw him alive on Dec. 2<sup>nd</sup>, 1935; death is said to have occurred on the data stated above, at 1 A. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Nephritis -

Other Contributory Causes of importance:

Chronic Nephritis -

Name of operation None Date of None  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide?        Date of injury       , 19        
 Where did injury occur?        (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury         
 Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify         
 (Signed) Shute Bon M. D.  
 (Address) Westminster, Maryland

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14034

## 1. PLACE OF DEATH

County CarrollVillage or City Eastview md.Length of residence in city or town where death occurred 34 yrs. mos. ds.Registration Dist. No. 76Post Office Funksburg #1. St. md. Ward   
(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Margaret A. Conway(a) Residence: No. Eastview md. St.  Ward 

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced <del>HUSBAND</del> or WIFE of <u>John Conway</u>		
6. DATE OF BIRTH (month, day, and year) <u>1862-12-16</u>		
7. AGE <u>73</u> Years	Months <u>0</u>	Days <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
	10. Date deceased last worked at this occupation (month and year) <u></u>	
		11. Total time (years) spent in this occupation <u></u>

FATHER	12. BIRTHPLACE (city or town) <u>Baltimore City</u> (State or country) <u>md.</u>
	13. NAME <u>Edward Osterhus</u>
MOTHER	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country) <u></u>
	15. MAIDEN NAME <u>Dora Kessler</u>
	16. BIRTHPLACE (city or town) <u>Sweden</u> (State or country) <u></u>
17. INFORMANT <u>Mr. John Conway</u> (Address) <u>Funksburg md.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Deer Park Cemetery</u> Date <u>Jan. 2, 1936</u>	
19. UNDERTAKER <u>L. M. Hartz</u> (Address) <u>Hanover md.</u>	
20. FILED <u>17/31</u> 19 <u>35</u> <u>W. C. Isom</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 30, 1935  
(Month) (Day) (Year)

## 22.

I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1935 to Dec 30 - 1935I last saw h. 21 alive on Dec - 29 - 1935; death is saidto have occurred on the date stated above, at 10:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage  
Myocarditis (chronic)Date of onset  
12-28-35

Other Contributory Causes of importance:

Hypertension  
Arteriosclerosis of heartName of operation none Date of What last confirmed diagnosis?  Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury , 19Where did injury occur? none(Specify city or town, county and State)  
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. C. Isom(Address) Wheaton md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JAN 6 1936
Chronic interstitial nephritis	
Cerebral hemorrhage	

Date of onset

1915
1921
July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14035

## 1. PLACE OF DEATH

Maryland Tuberculosis Sanatorium

County Carroll

(Colored Branch)

(23)

Registration Dist. No. 74Village or City Henryton

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME, instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 15 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME James Sylvester CooperWAR SERVICE None(a) Residence: No. 1335 Myrtle Ave., Baltimore, Md.

None

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ----6. DATE OF BIRTH (month, day, and year) Dec. 8, 1914

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.21017

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Porter9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.---10. Date deceased last worked at  
this occupation (month and  
year)Unknown11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

Maryland

## FATHER

13. NAME William Cooper

14. BIRTHPLACE (city or town)

Unknown(State or country) Md.

## MOTHER

15. MAIDEN NAME Louvinia Wilson

16. BIRTHPLACE (city or town)

Baltimore(State or country) Md.17. INFORMANT John E. O'Neill, M.D.  
(Address) Henryton, Md.18. BURIAL, CREMATION, OR REMOVAL Baths, MorguePlace MoundgeDate 27 Dec., 1935

19. UNDERTAKER

(Address)

Frances A. Hensley  
578 W. Biddle St.20. FILED Dec. 25, 19 35John C. Prince

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.25193 5

(Month)

(Day)

(Year)

## 22.

I HEREBY CERTIFY, That I attended deceased from  
October 10, 19 34, to December 25, 19 35I last saw him live on Dec. 25, 19 35; death is saidto have occurred on the date stated above, at 6:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary Tuberculosis

Date of onset

Aug.1934Other Contributory Causes of Importance:  
-----

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIDUENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John C. Prince  
Henryton, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14036

## 1. PLACE OF DEATH

Maryland Tuberculosis Sanatorium

County Carroll

Colored Branch

(23)

Registration Dist. No. 74Village or City Henryton, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 ds. How long in U.S. if of foreign birth? XXXXXXXXXX ds.2. FULL NAME Anna Mae CornishWAR SERVICE NONE(a) Residence: No. R.F.D. #2, Cambridge, Dorchester Co., Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofXXXXXXXXXX6. DATE OF BIRTH (month, day, and year) Jan., 29, 1919

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.16103

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Domestic9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.General Housework10. Date deceased last worked at  
this occupation (month and  
year) Unknown11. Total time (years)  
spent in this  
occupation Unknown12. BIRTHPLACE (city or town) Baltimore,  
(State or country) Maryland

## MOTHER / FATHER

13. NAME Frank Cornish14. BIRTHPLACE (city or town) Black Water,  
(State or country) Maryland.15. MAIDEN NAME Annie Stanley,16. BIRTHPLACE (city or town) Aireys,  
(State or country) Maryland.17. INFORMANT John E. O'Neill, M. D.,  
(Address) Henryton, Maryland.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date 12/5, 193519. UNDERTAKER William Rayburn  
(Address) 100 Camp Cambridge20. FILED 12/2/35, 1935 John E. O'Neill  
Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec., 2, 1935

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Nov., 1, 1935, 1935 to Dec., 2, 1935, 1935I last saw her alive on Dec., 2, 1935, 1935; death is saidto have occurred on the date stated above, at 3.15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary Tuberculosis

Date of onset

Aug.1935

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) John E. O'Neill M. D.(Address) Henryton, Maryland.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14037

## 1. PLACE OF DEATH

County CarrollVillage or City Jordan's Retreat, -- R.F.D. No. New Windsor,Registration Dist. No. 50St. WardLength of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? 1 yrs. 2 mos. 2 ds.2. FULL NAME Mary Louise Crawmer,(a) Residence: No. Jordan's Retreat, Md. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, end year) 1935-11-8

## 7. AGE

Years

Months

Days

If LESS than  
1 day, 2 hrs.  
or 2 min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Carroll Co.  
Maryland.

## FATHER

## 13. NAME

Sterling Crawmer14. BIRTHPLACE (city or town)  
(State or country)Carroll Co.  
Maryland.

## MOTHER

## 15. MAIDEN NAME

Margaret Myers,16. BIRTHPLACE (city or town)  
(State or country)Carroll Co.  
Maryland

## 17. INFORMANT

(Address) R.F.D.-New Windsor, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Winters Cnty. Date Dec. 11, 1935.

## 19. UNDERTAKER

(Address)

G. M. Hartz,  
Winfield, Md.

## 20. FILED

Dec 10

19

Ernest S. Benedict  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December, 10, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Dec. 8, 1935, to Dec. 10, 1935I last saw him alive on Dec. 9, 1935; death is said  
to have occurred on the date stated above, at 3:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

12/8/35Broncho-Pneumonia  
Primary Broncho-pneumonia, Not preceded  
by a contagious disease, except

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jas. J. Howard  
New Windsor, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14038

## 1. PLACE OF DEATH

County CarrollRegistration Dist. No. 78Village or City Winfield, -- R.F.D. Westminster, St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Sewell K. Easton.(a) Residence: No. Winfield, Md. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of Mary L. Easton  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 1880-6-7.

7. AGE <u>55</u>	Years	Months <u>6</u>	Days <u>16</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Ice Cream Mfg.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 12/35 11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Carroll Co.  
(State or country) Maryland13. NAME Johnzie Easton,14. BIRTHPLACE (city or town) Va.  
(State or country)15. MAIDEN NAME Susana Barnes,16. BIRTHPLACE (city or town) Howard Co.  
(State or country) Maryland17. INFORMANT Mrs. Mary L. Easton,  
(Address) R.F.D. - Westminster, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Ebenezer Cemty. Date Dec. 26, 1935.19. UNOERTAKER G. M. Hally,  
(Address) Winfield, Md.20. FILED 12-24-1935 G. M. Farmer  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December, 23, 1935.  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Sept 1st, 1935, to Dec 21st, 1935I last saw him alive on Dec 21st, 1935; death is said  
to have occurred on the date stated above, 6:15a. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Ind. condition & Cordial  
dilatation -

Date of onset

6 month

Other Contributory Causes of Importance:

Name of operation 0 Date of 0  
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1935Where did injury occur? 0  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 0(Signed) L. L. Stiles

M. D.

(Address) New Windsor, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14040

## 1. PLACE OF DEATH

County CarrollRegistration Dist. No. 71Village or City Uniontown

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Father I League

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

not known

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 24 - 35

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.  
or min.stillborn

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Uniontown  
Md.

FATHER

13. NAME

A. Russell I League14. BIRTHPLACE (city or town)  
(State or country)Uniontown  
Md.

MOTHER

15. MAIDEN NAME

Catherine A. Bowes16. BIRTHPLACE (city or town)  
(State or country)Uniontown  
Md.17. INFORMANT  
(Address)A. Russell I League  
Uniontown Md

18. BURIAL, CREMATION, OR REMOVAL

Place

New Bremen

Date

12-24, 193519. UNDERTAKER  
(Address)James P. ...

20. FILED

Dec 25, 1935Margaret P. ...

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 24, 1935  
(Month) (Day) (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. alive on 19; death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Still birth

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. J. ...

M. D.

(Address)

New Windsor Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

14041

## 1. PLACE OF DEATH

County CecilVillage or City Mt. Pleasant

No.

Registration Dist. No. 72

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Jacob William Frocks(a) Residence: No. Westminster R.T.D. 1, St. \_\_\_\_\_ Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMrs. Carrie Lawyer Frocks

6. DATE OF BIRTH (month, day, and year)

Feb. 3, 1876

7. AGE

Years

Months

Days

If LESS than

5910171 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Farmer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Dec. 20, 193511. Total time (years)  
spent in this  
occupationlife

12. BIRTHPLACE (city or town)

(State or country)

Union Mills  
Md.

MOTHER FATHER

13. NAME

William Frocks

14. BIRTHPLACE (city or town)

(State or country)

Silver Run  
Md.

15. MAIDEN NAME

Mary Feiser

16. BIRTHPLACE (city or town)

(State or country)

Union Mills  
Md.

17. INFORMANT

(Address)

Carry Frocks  
Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Silver Run

Date

Dec. 23, 1935

19. UNOERTAKER

(Address)

John Little & Son  
Littleton Pa.

20. FILED

Date

Dec. 21, 1935

By

Calvin B. Bennett

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.  
(Month)20  
(Day)1935  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Suicide from hanging

Date of onset

Other Contributory Causes of Importance:

none

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 12/20, 1935Where did injury occur? Mt. Pleasant Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury

Suicide

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Shannon D. Flanagan Coroner M.D.(Address) Westminster Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

*Gallstones*

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14043

## 1. PLACE OF DEATH

County CarrollVillage or City WestminsterNo. 96 East MainRegistration Dist. No. 76

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 50 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Annie Florence Belle Goodwin(a) Residence: No. 96 East Main St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofCharles E. Goodwin6. DATE OF BIRTH (month, day, and year) August 24, 1860

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.7543

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDDKKEEPER, etc.At home9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Maryland

## FATHER

## 13. NAME

George F. Albaugh

## 14. BIRTHPLACE (city or town)

(State or country)

Maryland

## MOTHER

## 15. MAIDEN NAME

Francanna Evans

## 16. BIRTHPLACE (city or town)

(State or country)

Maryland

## 17. INFORMANT

(Address)

Mrs. R. K. Billingslea  
Westminster, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place WestminsterDate Dec. 30, 1935

## 19. UNDERTAKER

(Address)

J. Francis Reese  
Westminster, Md.

## 20. FILED

12/30, 1935W. H. Woodman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December  
(Month)27  
(Day)1935  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
Dec. 26, 1935, to Dec. 27, 1935I last saw her alive on Dec. 27, 1935; death is said  
to have occurred on the date stated above, at 7:30 P. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral Hemorrhage

Date of onset

Dec. 26

Other Contributory Causes of importance:

noneName of operation none

Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. K. Billingslea M. D.(Address) Westminster, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14044

## 1. PLACE OF DEATH

County CarrollVillage or City Saneytown

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. 70

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emma J. Graham

6. DATE OF BIRTH (month, day, end year)

April 24, 1862

7. AGE

Years

Months

Days

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

73712

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Berna.

FATHER

13. NAME

Samuel Graham

14. BIRTHPLACE (city or town) (State or country)

Ba

MOTHER

15. MAIDEN NAME

Mary Hines

16. BIRTHPLACE (city or town) (State or country)

Ba

17. INFORMANT

(Address)

Mrs. John Graham  
Saneytown Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Dec. 10, 1935

19. UNDERTAKER

(Address)

Ed. Juss & Son  
Saneytown, Md.

20. FILED

Date

1935

File No.

Dec. 9Chas. M. McKim

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec (Month)6th (Day)1935 (Year)

22.

I HEREBY CERTIFY, That I attended deceased

Dec 6th 1935

I last saw him alive on

Dec 6th1935; death is said to have occurred on the date stated above, at 11:40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Impotence were as follows:

Organic valvular heart disease  
on your death

Date of onset

Other Contributory Causes of Impotence:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

1935

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. M. Berner  
Saneytown Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14045

Maryland Tuberculosis Sanatorium

## 1. PLACE OF DEATH

County Carroll

Colored Branch (23)

Registration Dist. No. 74Village or City Henryton, Maryland.

No.

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 1 mos. 1 ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
How long in U. S. If of foreign birth? XXXXXX mos. XXXXXX ds.

2. FULL NAME Josephine GrossWAR SERVICE NONE(a) Residence: No. 422 W. Hoffman St., Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced  
HUSBAND of Joseph Gross  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) March 1, 1873

7. AGE Years Months Days If LESS than 1 day hrs.  
62 9 20 or XXXX

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lexington, Virginia  
(State or country)

13. NAME Samuel Strother

14. BIRTHPLACE (city or town) Lexington, Virginia  
(State or country)

15. MAIDEN NAME Margaret Jones,

16. BIRTHPLACE (city or town) Lexington, Virginia  
(State or country)

17. INFORMANT John E. O'Neill, M. D.  
(Address) Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Auburn Date Dec 26, 1935

19. UNDERTAKER A. A. Jackson  
(Address) 1201 Mc

20. FILED 12/21/35  
Deputy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 21, 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Nov., 20, 1935 to Dec., 21, 1935

I last saw her alive on Dec., 21, 1935; death is said

to have occurred on the date stated above, at 5.00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pulmonary Tuberculosis

Date of onset  
July  
1935

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John E. O'Neill M. O.

(Address) Henryton, Maryland.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V. S. No. 1

T

## 14046

Colored Branch 23

County Carroll

Village or City Henryton, Maryland.

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? xxxxxx yrs. 0 mos. 0 ds.

## WAR SERVICE

(a) Residence: No. Aberdeen, Hartford Co., Md. St.            Ward.           

(Usual place of abode)

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec., 11, 1935  
(Month) (Day) (Year)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Sept., 17, 1902

7. AGE	Years 33	Months 2	Days 24	If LESS than 1 day or XXXXX hrs
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.-----

10. Data deceased last worked at  
this occupation (month and  
year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Camden  
(State or country) New Jersey.

ER	13. NAME	Josiah Hardy
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14. BIRTHPLACE (city or town) Camden,  
(State or country) New Jersey.

ER	15. MAIDEN NAME	Gertrude Molten
----	-----------------	-----------------

16. BIRTHPLACE (city or town)-----Aberdeen,  
(State or country)-----Maryland.

17. INFORMANT John E. O'Neill, M. D.,  
(Address) Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Calvary Chgo Date Dec. 14 1930

19. UNDERTAKER Henny Garrison Sams  
(Address) 1400 1st St

20. FILED 12/11/59 *[Signature]*

22. I HEREBY CERTIFY, That I attended deceased from  
June 11, 1934, to Dec., 11, 1935

I last saw him alive on Dec., 11, 1935; death is said to have occurred on the date stated above, at 9.15 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

**Pulmonary Tuberculosis**

Date of onset  
Feb  
1934

**Other Contributory Causes of Importance:**

Nama of operation..... Date of .....

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? ☒ No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did Injury occur?-----

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John C. Deane, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14047

## 1. PLACE OF DEATH

County

Carroll

Village or City

Bauchman Valley

No.

Registration Dist. No.

76

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Dana Belle Harris

(a) Residence: No.

outside

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Everett Harris

6. DATE OF BIRTH (month, day, and year)

Jan 18 1881

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

57

10

16

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housekeeper

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

at home

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Verona Va.

FATHER

13. NAME

John Coley

14. BIRTHPLACE (city or town)  
(State or country)

Va.

MOTHER

15. MAIDEN NAME

Mary Francis Moore

16. BIRTHPLACE (city or town)  
(State or country)

Va.

17. INFORMANT  
(Address)Nelson Harris  
Westminster Md

18. BURIAL, CREMATION OR REMOVAL

Place

Pipe Creek

Date

Dec 6 1935

19. UNOERTAKER  
(Address)D. D. Taylor & Sons  
221 New Windsor Rd  
221 New Windsor

20. FILED

1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 4

(Month)

(Day)

1935  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Nov. 4,

1933,

to Dec 4

1935

I last saw him alive on 12-4-1935; death is said

to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Carcinoma of Lung

Date of onset

11-4-33

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Christy X-ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Clifford du Taylor  
Westminster Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14048

## 1. PLACE OF DEATH

County CarrollVillage or City LykensvilleLength of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds.Registration Dist. No. 74No. Springfield State Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 7 yrs. 7 mos. 7 ds.

## 2. FULL NAME

(a) Residence: No. Bessie (Barney) O'Bara LeachSt. Lykensville, Maryland

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u>
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6. DATE OF BIRTH (month, day, and year) <u>1888</u> <u>Unknown</u>
--

7. AGE <u>47</u> <u>47</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Ireland</u>
---

FATHER	13. NAME <u>Martin O'Bara</u>
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Ireland</u>
	15. MAIDEN NAME <u>Mary Elye</u>

MOTHER	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Ireland</u>
	17. INFORMANT <u>Hospital Records</u> (Address) <u>Lykensville, Md.</u>

18. BURIAL, CREMATION, OR REMOVAL <u>Springfield Hosp. Care, Dec. 29, 1935</u> Date
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19. UNDERTAKER <u>Free Son Inc.</u> (Address) <u>Lykensville, Md.</u>
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20. FILED <u>Dec. 27, 1935</u> <u>Harry Vee</u>
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Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 26 (Month) 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from June 27, 1928, to December 26, 1935I last saw him alive on December 25, 1935; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchopneumonia  
(capillary bronchitis,  
primary)

Other Contributory Causes of importance:

Date of onset

12/25/35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Mary W. Ryan M. D.(Address) Lykensville, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authorization to change name see letter & cert. filed under  
Dees in permanent file. 3/27/39. B.*

# STATE OF MARYLAND—CERTIFICATE OF DEATH

14049

## 1. PLACE OF DEATH

County Carroll Registration Dist. No. 74  
 Village or City SPRINGFIELD STATE HOSPITAL No. Sykesville, Md. St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 14 yrs. 14 mos. 14 ds. How long in U. S. if of foreign birth? 14 yrs. 14 mos. 14 ds.

## 2. FULL NAME Cora Elizabeth Hickman

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Salisbury, Md. St. Ward.  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>? Hickman</u>		
6. DATE OF BIRTH (month, day, end year) <u>June 9, 1877</u>		
7. AGE <u>58</u> Years	<u>6</u> Months	<u>10</u> Days If LESS then 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____		
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1935</u>		11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (city or town) <u>Wilmington</u> (State or country) <u>Del.</u>
13. NAME <u>William C. Truitt,</u>
14. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)
15. MAIDEN NAME <u>Laura Parker</u>
16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)

17. INFORMANT <u>Springfield State Hosp. record</u> (Address) <u>Sykesville Maryland</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Delmar Delaware</u> Date <u>Dec 19, 1935</u>
19. UNDERTAKER <u>John C. Miller</u> (Address) <u>2435 E. Oliver St</u>
20. FILED <u>Dec 19, 1935</u> <u>Harry F. Baer</u> Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 19, 1935  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1935 to December 19, 1935  
 I last saw h. er alive on December 19, 1935; death is said to have occurred on the date stated above, at 1:10 p.m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
Chronic Myocarditis prior to Date of onset 12-5-35

Chronic pneumonia. Duration: seven days. C.V.S.R.  
 Other Contributory Causes of Importance:  
Hypostatic pneumonia; 12-12-35  
Resultant stasis of pulmonary circulation.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Symptom Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Harry F. Baer, M. D.  
 (Address) Sykesville, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14050

## 1. PLACE OF DEATH

County Carroll Registration Dist. No. 83  
 Village or City Good Line Md. No. 116 St.      Ward       
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 22 yrs.      mos.      ds. How long in U. S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Ethel S. Kessler  
 (a) Residence: No.      Good Line Md. St.      Ward.       
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Anderson L. Kessler</u>		
6. DATE OF BIRTH (month, day, end year) <u>1887-12-26</u>		
7. AGE Years <u>48</u>	Months <u>0</u>	Days <u>1</u>
		If LESS than 1 day, <u>    </u> hrs. <u>    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>    </u>	
	11. Total time (years) spent in this occupation <u>    </u>	

FATHER	12. BIRTHPLACE (city or town) <u>Carroll Co.</u> (State or country) <u>Maryland</u>
	13. NAME <u>Francis J. Buckingham</u>
MOTHER	14. BIRTHPLACE (city or town) <u>Carroll Co.</u> (State or country) <u>Maryland</u>
	15. MAIDEN NAME <u>Ellen V. Mills</u>
	16. BIRTHPLACE (city or town) <u>Carroll Co.</u> (State or country) <u>Maryland</u>
17. INFORMANT <u>Mr. Agnidger L. Kessler</u> (Address) <u>Good Line, Md.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Morgan Chapel</u> Date <u>Dec. 29, 1935</u>	
19. UNDERTAKER <u>C. M. Hartz</u> (Address) <u>    </u>	
20. FILED <u>Dec 28</u> , 1935 <u>Anna M. Hewitt</u> <u>Deputy Local</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 27, 1935  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

    , 19    , to     , 19    ;  
 I last saw h      alive on     , 19    ; death is said to have occurred on the date stated above, at 8:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

La Grippe  
Infected Antrum

Date of onset

12/12/3512/18/35

Other Contributory Causes of Importance:

Potable rupture of antrum  
into brain

Name of operation      Date of       
 What test confirmed diagnosis?      Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of Injury     , 19      
 Where did Injury occur?       
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       
 Nature of Injury     

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify       
 (Signed) J. Stanley Grubill M. D.  
 (Address) Morgantown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14051

## 1. PLACE OF DEATH

County Carroll CountyRegistration Dist. No. 74Village or City Springfield State Hospital No. Sykesville Md. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Guy Anthony Livingstone(a) Residence: No. 2601 Beechland Avenue St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofUnknown6. DATE OF BIRTH (month, day, and year) May 10, 1910

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Farm10. Data deceased last worked at  
this occupation (month and  
year) April 2, 193411. Total time (years)  
spent in this  
occupation 10 yrs.12. BIRTHPLACE (city or town) Wicomico County, Md.  
(State or country)

FATHER

13. NAME Lee Livingstone14. BIRTHPLACE (city or town) Wicomico County, Md.  
(State or country)

MOTHER

15. MAIDEN NAME Antoinette Brown16. BIRTHPLACE (city or town) Wicomico County, Md.  
(State or country)17. INFORMANT Springfield State Hospital  
(Address) records.

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cemetery Date Dec. 21, 193519. UNDERTAKER Albert Paragon  
(Address) 447 1/2 N. Wolfe Ave20. FILED Dec 23, 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 23, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
From May 4, 1935, to Dec. 23, 1935I last saw him alive on Dec. 23, 1935; death is said  
to have occurred on the date stated above, at 12:50 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:General paresis

Date of onset

7-1934

Other Contributory Causes of Importance:

Broncho pneumonia 12-14-35  
Palmonary abcess 12-20-35Name of operation No operation Date of \_\_\_\_\_  
What test confirmed diagnosis? Laboratory Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Riv.

M. D.

(Address) Springfield State Hospital

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other contributory causes of importance:

Gallstones	May 1, 1923
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**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14052

## 1. PLACE OF DEATH

County CarrollVillage or City SykesvilleRegistration Dist. No. 74No. Springfield State Hospital St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 23 yrs. 10 mos. 0 ds. How long in U.S. If of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

(a) Residence: No. 1208 Fawn StSt. Baltimore, MdWard. Baltimore, Md

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Nov. 28, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>0</u>	<u>10</u>	

OCCUPATION <u>789</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>laborer</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>    </u>
	10. Date deceased last worked at this occupation (month and year) <u>    </u>
	11. Total time (years) spent in this occupation <u>8</u>

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Maryland13. NAME John Mc Donald14. BIRTHPLACE (city or town) Ireland  
(State or country) Ireland15. MAIDEN NAME Catherine Moran16. BIRTHPLACE (city or town) Ireland  
(State or country) Ireland17. INFORMANT Hospital Records  
(Address)     18. BURIAL, CREMATION, OR REMOVAL  
Place St. Vincent's Church Date Dec. 11, 193519. UNDERTAKER E. J. Fanning & Son  
(Address) 1938 E. Lafayette Ave.20. FILED Dec 9, 1935 C. H. H. H. H.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 9 1935  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1933, to December 9, 1935.  
I last saw him alive on December 8, 1935; death is said to have occurred on the date stated above, at 2:40 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

<u>Arteriosclerosis (systemic) since</u>	Date of onset <u>1934</u>
<u>Chronic myocarditis</u>	<u>11/5/35</u>

Other Contributory Causes of Importance:

<u>Epilepsy</u>	since <u>1888</u>
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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical signs Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19    Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A. W. W. W. M. D.(Address) Sykesville, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14053

## 1. PLACE OF DEATH

County CarrollRegistration Dist. No. 74Village or City Sykesville, Md.No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 6 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Patrick McNamara(a) Residence: No. Springfield State Hospital Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
None6. DATE OF BIRTH (month, day, and year) Unknown 1862

7. AGE <u>73</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
		<u>Unknown</u>	<u>Unknown</u>	

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Unknown9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. Unknown10. Date deceased last worked at  
this occupation (month and  
year) Unknown11. Total time (years)  
spent in this  
occupation Unknown12. BIRTHPLACE (city or town) Virginia (locality un-  
(State or country) known)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown  
(State or country)17. INFORMANT Springfield State Hospital (Records)  
(Address)18. BURIAL, CREMATION OR REMOVAL  
Springfield State Hospital Bur. Date Dec. 16, 193519. UNDERTAKER Heer & Son Inc.  
(Address) Sykesville Md.20. FILED Dec. 14, 1935 Harry Heer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 13, 1935 (Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Nov. 24th, 1935, to Dec. 13, 1935I last saw him alive on Dec. 13, 1935, death is saidto have occurred on the date stated above, at 4:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:Bronchial pneumoniaDate of onset  
11-26-35

Other Contributory Causes of importance:

Arteriosclerosis

Prior to

to

June, 1927Name of operation NoneWhat test confirmed diagnosis? Phys. exam & lab.Date of yesWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—Where did injury occur? —(Specify city or town, county and State)  
County Where injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. L. Schmidt M. D.(Address) Sykesville - Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14054

## 1. PLACE OF DEATH

County Carroll Co. Registration Dist. No. 72  
 Village or City Myers District No. 59 St.        Ward         
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U.S. If of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

Peter L. Miller  
 (a) Residence: No.        St.        Ward         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Single  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of       

6. DATE OF BIRTH (month, day, end year) May-5<sup>th</sup> 1883  
 7. AGE Years 52 Months 7 Days 6 If LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hay Labor  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.         
 10. Date deceased last worked at this occupation (month and year) 7-8-35 11. Total time (years) spent in this occupation       

12. BIRTHPLACE (city or town) Carroll Co. Md  
 (State or country)

13. NAME Samuel Miller

14. BIRTHPLACE (city or town) Carroll Co. Md  
 (State or country)

15. MAIDEN NAME Kate Binding

16. BIRTHPLACE (city or town) Adams Co. Pa.  
 (State or country)

17. INFORMANT Mrs. Kate Bish  
 (Address) Wilmington, N.H.

18. BURIAL, CREMATION, OR REMOVAL       

Place Grider's Cemetery Dec 13<sup>th</sup> 1935

19. UNDERTAKER M. Little & Son  
 (Address) Pittsburg Pa.

20. FILED Dec. 11-1935 Clavin Bennett  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 11<sup>th</sup> 1935  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 10, 1935 to Dec 11, 1935

I last saw him alive on Dec 10, 1935; death is said to have occurred on the date stated above, at 2:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Diabetic Deoma Diabetes Mellitus Diabetes Mellitus  
Diabetes Mellitus Diabetes Mellitus Diabetes Mellitus

Other Contributory Causes of Importance: Parenchymatous Nephritis Diabetes Mellitus Diabetes Mellitus

second finger of L hand 2<sup>nd</sup> finger

Name of operation Lab. Date of       

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of Injury       , 19      

Where did injury occur?        (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury        Nature of Injury       

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify        (Signed) L. Lewis        M. D.

(Address) Union Mills, Ind.

# United States Standard Certificate of Death

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Carroll Md. Tuberculosis Sanatorium  
(Colored Branch)Registration Dist. No. 74Village or City Henryton

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 3 ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Alexander MooreWAR SERVICE Yes.(a) Residence: No. 139 Pine St., Cambridge, Md.

Ward.

World War

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Apr. 3, 1897.7. AGE Years 38 Months 8 Days 11 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. \*\*\*\*\*10. Date deceased last worked at  
this occupation (month and  
year) Unknown11. Total time (years)  
spent in this  
occupation Unknown12. BIRTHPLACE (city or town)  
(State or country) Norfolk,  
Virginia13. NAME John H. Moore14. BIRTHPLACE (city or town)  
(State or country) Newberne  
North Carolina15. MAIDEN NAME Mary Moore16. BIRTHPLACE (city or town)  
(State or country) Norfolk,  
Virginia17. INFORMANT John E. O'Neill  
(Address) Henryton, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Wauke Cemetery Date Dec 17, 193519. UNDERTAKER Wm. E. O'Neill  
(Address) Cambridge, Md.20. FILED 12/14/35 19 John E. O'Neill  
Dep. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 14, 1935.

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Feb 11, 1935 1935 to Dec. 14, 1935, 1935I last saw him alive on Dec. 14, 1935, 1935; death is said8PM.to have occurred on the date stated above, at \_\_\_\_\_ m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importence  
were as follows:

Date of onset

Pulmonary TuberculosisOct.  
1934Other Contributory Causes of importance:  
\_\_\_\_\_

\*\*\*\*\*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \*\*\*\*\* Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  
\_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John E. O'Neill M. D.(Address) Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14056

## 1. PLACE OF DEATH

Maryland Tuberculosis Sanatorium

County CarrollVillage or City Henryton, Maryland.Colored Branch (28)Registration Dist. No. 74

No.

St.

Ward

Length of residence in city or town where death occurred

0

3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? xxxxx mos.

ds.

## 2. FULL NAME

Leo James MooreWAR SERVICE NONE

(a) Residence: No.

Malcolm, Charles Co., Md.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

-----

6. DATE OF BIRTH (month, day, and year)

Dec., 26, 1919

7. AGE

Years

Months

Days

If LESS than

16041 day, ----- hrs.  
or ----- min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDDKKEEPER, etc.Laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

-----

10. Date deceased last worked at  
this occupation (month and  
year)Unknown

11. Total time (years)

Unknown

12. BIRTHPLACE (city or town)

Bryantown,  
Maryland.

(State or country)

FATHER

13. NAME

Daniel Moore,

14. BIRTHPLACE (city or town)

Unknown

(State or country)

Maryland.

15. MAIDEN NAME

Lillie Thomas,

16. BIRTHPLACE (city or town)

Unknown

(State or country)

Maryland.

17. INFORMANT

(Address)

John E. O'Neill, M. D.,  
Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Peter's Church

Date

12/31, 1935

19. UNDERTAKER

(Address)

Hunt & Rym  
12/30/35

20. FILED

12/30/35

Deputy Local

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 30, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from  
Sept., 20, 1935 to Dec., 30, 1935I last saw him alive on Dec., 30, 1935; death is said2.15 P. M.

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary TuberculosisDate of Death  
April  
1935

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Henryton, Maryland.

M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14057

## 1. PLACE OF DEATH

County CarrollVillage or City Wheaton District

No.

Registration Dist. No. 72

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Ada Minette Myers(a) Residence: No. Westminster Bldg #2

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Harvey C. Myers</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct 6 1890</u>		
7. AGE	Years <u>45</u>	Months <u>4</u>
	Days <u>24</u>	If LESS than 1 day, ----- hrs. or ----- min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>House wife</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penna. York Co  
(State or country)13. NAME Geo. Healey14. BIRTHPLACE (city or town) Penna.  
(State or country)15. MAIDEN NAME Mary Stranbaugh16. BIRTHPLACE (city or town) Penna.  
(State or country)17. INFORMANT Harvey C. Myers  
(Address) Westminster Bldg #218. BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery Abolition  
Place Jan 8, 193619. UNDERTAKER William G. Feiser  
(Address) Hanover Pa.20. FILED Dec. 31, 1935 Calvin B. Bannett  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 31

(Month)

(Day)

1935  
(Year)

I HEREBY CERTIFY That I attended deceased from

May 19 1935, to Jan 31 1936  
I last saw her alive on Jan 30, 1935; death is saidto have occurred on the date stated above, at 5:55 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of  
stomach & surrounding area

Date of onset

1935

Other Contributory Causes of Importance:

Name of operation Radiation was used Date of 6/10/35What last confirmed diagnosis? Tub + Phya Was there an autopsy? Yes

23. If death was due to external causes (VIDEL ENCE) IN, in also the following:

Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Dr. Lewis H. Hall(Address) Hanover, Pa.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

JAN 4 1930

BURIAL V. 8.

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14058

## 1. PLACE OF DEATH

County Carroll Registration Dist. No. 76  
 Village or City near Westminster, Md. No. 82a St.        Ward         
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 15 yrs.        mos.        ds. How long in U.S. If of foreign birth?        yrs.        mos.        ds.

2. FULL NAME Edward A. Newcomer

(a) Residence: No. near Westminster, Md. St.        Ward.         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Newcomer

6. DATE OF BIRTH (month, day, and year) 1875--1--25

7. AGE Years 60 Months 10 Days 26 If LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.       

10. Date deceased last worked at this occupation (month and year)       

11. Total time (years) spent in this occupation       

12. BIRTHPLACE (city or town) Carroll Co. Md.

13. NAME Bendigo Newcomer

14. BIRTHPLACE (city or town) Carroll Co. Md.

15. MAIDEN NAME Margaret Bloom

16. BIRTHPLACE (city or town) Carroll Co. Md.

17. INFORMANT Mrs. Daisy Newcomer  
 (Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Uniontown Conty Date Dec. 24, 1935

19. UNDERTAKER G. M. Hally  
 (Address) Winfield, Md.

20. FILED 12/21, 19 35 Westminster  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 21, 1935  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from December 14, 1935 to December 21, 1935

I last saw him alive on Dec. 20, 1935; death is said to have occurred on the data stated above, at 1:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

12/14/35

Other Contributory Causes of Importance:

General Arteriosclerosis

Name of operation None Date of       

What last confirmed diagnosis?        Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of Injury       , 19      

Where did injury occur?       

(Specify city or town, county and State)  
 Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?

If so, specify       

(Signed) Shuteh Barr M. D.

(Address) Westminster Maryland



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14059

## 1. PLACE OF DEATH

County CarrallVillage or City OaklandNo. 119Registration Dist. No. 74

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred Life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Helene Kathleen Nicholson(a) Residence: No. Oakland

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓6. DATE OF BIRTH (month, day, and year) Mar. 3, 1930

7. AGE

Years \_\_\_\_\_

Months 9Days 22

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓10. Date deceased last worked at this occupation (month and year) ✓11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) Oakland  
(State or country) Ind.

FATHER

13. NAME Edward H. Nicholson14. BIRTHPLACE (city or town) Ind.  
(State or country)

MOTHER

15. MAIDEN NAME Mary H. Grove16. BIRTHPLACE (city or town) Ind.  
(State or country)17. INFORMANT Mrs. Mary H. Nicholson  
(Address) Syracuseville Ind.18. BURIAL, CREMATION, OR REMOVAL ✓Place Oakland Cem. Date Dec 27, 193519. UNDERTAKER Wm. J. J. Inc.  
(Address) Syracuseville Ind.20. FILED Dec 26, 1935Harry Auer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 25, 1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY. That I attended deceased from December 21, 1935 to death Dec 25, 1935I last saw him alive on Dec 21, 1935, 19\_\_\_\_; death is saidto have occurred on the date stated above, at 8:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

a. with bilateral bronchopneumonia 12/24/35  
Primary Cause: Enteric gastroenteritis; Periton-  
ative type, followed, in twelve hours, by  
Other Contributory Causes of importance: bronchopneumonia, Sepsis.

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Wm. J. J.(Address) Syracuseville Ind.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14060

## 1. PLACE OF DEATH

County CarrollVillage near, Gamber, -- R.F.D. Westminster, Md.Registration Dist. No. 76 St.        Ward       Length of residence in city or town where death occurred 28 yrs.        mos.        ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.2. FULL NAME Henry M. Nickoles,(a) Residence: No. near, Gamber, Md. St.        Ward         
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of Emma T. Nickoles,  
~~WIFE~~6. DATE OF BIRTH (month, day, and year) 1870-7-25.

7. AGE Years <u>65</u>	Months <u>4</u>	Days <u>20</u>	If LESS than 1 day, ----- hrs. or ----- min.
------------------------------	--------------------	-------------------	--

OCCUPATION <u>20/19</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>Machinist</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Thresherman.</u>
	10. Date deceased last worked at this occupation (month end year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Carroll Co.  
(State or country) Maryland.13. NAME Albert Nickoles.14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) "  
(State or country)17. INFORMANT Mrs. Emma T. Nickoles,  
(Address) F.D. - Westminster, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Pleasant Cemty. Date Dec. 18, 1935.19. UNDERTAKER B. M. Nantz  
(Address) Winfield, Md.20. FILED 12/17, 1935  
Registrar W. S. Woodward

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December, 15, 1935.  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from  
Nov. 22, 1935 to Dec. 15, 1935I last saw him alive on Dec. 15, 1935; death is saidto have occurred on the date stated above, 8:35 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Thrombosis 11/22/35

Other Contributory Causes of Importance:

Chr. Mitral RegurgitationName of operation none Date of noneWhat test confirmed diagnosis?        Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?       (Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Shuteh Ban(Address) Westminster, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14061

## 1. PLACE OF DEATH

County CarmarVillage or City Keyserville

Length of residence in city or town where death occurred

yrs.

No. 93-2 St. 79 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Virgie Oliver

6. DATE OF BIRTH (month, day, end year)

March 5, 1891

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

44926

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOCKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Dec 31Life

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

David F. Oliver

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Florence S. Shover

16. BIRTHPLACE (city or town) (State or country)

West

17. INFORMANT (Address)

Miss John Oliver  
Keyserville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Keyserville Md. Date Jan 2, 1936

19. UNDERTAKER (Address)

Edw. J. Sussman  
Keyserville Md.

20. FILED

Dec 31, 1935 Mrs. Chas. S. Diller

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 31, 1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

I last saw h. Dead on arrival alive on Dec 31, 1935; death is saidto have occurred on the date stated above, at 7 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis

Date of onset

2

Other Contributory Causes of importance:

Acute dilatation of heart.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Poland R. Siler  
Keyserville Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

*Gallstones* *May 1, 1923*

Other contributory causes of importance:

*Gastroenteritis* *1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14062

## 1. PLACE OF DEATH

County CassellVillage or City Oakland

No.

Registration Dist. No. 74

St.

Ward

Length of residence in city or town where death occurred Life yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? Life mos. ds. yrs. mos. ds.

## 2. FULL NAME

Samuel J. Phillips

If U. S. Veteran, specify WAR

(a) Residence: No. Oakland

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofAdeline V. Phillips

6. DATE OF BIRTH (month, day, and year)

Feb. 8, 1853

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.82923

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Labour9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Woolen Mill10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Md.

FATHER

13. NAME

Samuel Phillips14. BIRTHPLACE (city or town)  
(State or country)Md.

MOTHER

15. MAIDEN NAME

Martha Parsons16. BIRTHPLACE (city or town)  
(State or country)Md.17. INFORMANT  
(Address)Adeline V. Phillips  
Syracuseville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. 08

19. UNDERTAKER  
(Address)Wm. John Lee  
Syracuseville Md.

20. FILED

Dec 2

19

35CHANNY HILL

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec  
(Month)1  
(Day)1935  
(Year)

## 22.

I HEREBY CERTIFY, That I attended deceased from

Nov. 241935to Dec 11935I last saw him alive on Dec 1, 1935; death is saidto have occurred on the date stated above, at 11 P m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Central hemorrhageNov. 24

Other Contributory Causes of Importance:

Nephritis, chronic. Duration:  
Unknown. Cerebral.

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. E. Martyn

M. D.

(Address) Randallstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14063

## 1. PLACE OF DEATH

County CarrollVillage or City SykesvilleLength of residence in city or town where death occurred 4 yrs. 1 mos. 7 ds.Registration Dist. No. 74No. Springfield State Hospital Ward 81

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 7 yrs. 1 mos. 7 ds.

## 2. FULL NAME

(a) Residence: No. Amie Pickler

(Usual place of abode)

St. Sykesville, Maryland

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)widowed

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCharles Pickler

6. DATE OF BIRTH (month, day, end year)

Oct. 8, 1860

7. AGE

Years

Months

Days

If LESS than

752221 day, 7 hrs.  
or 30 min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.none9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Maryland

FATHER

13. NAME

John W. Garbar14. BIRTHPLACE (city or town)  
(State or country)St. Marys County  
Maryland

MOTHER

15. MAIDEN NAME

Amie E. Mc Mullen16. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Maryland17. INFORMANT  
(Address)Hospital Records  
Sykesville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan. 2, 193619. UNDERTAKER  
(Address)Wm. Cook  
Baltimore Md

20. FILED

Dec. 31, 1936 Harry H. H.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December  
(Month)30<sup>th</sup>  
(Day)1935  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
December 5, 1931, to December 30, 1935I last saw him alive on December 30, 1935; death is said  
to have occurred on the date stated above, at 7:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Endocarditis

Date of onset

1931

Other Contributory Causes of importance:

Atherosclerosis1930

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?                      Date of Injury                     , 19            Where did Injury occur?                     

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm. H. Ross

M. D.

Sykesville, Maryland



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14064

## 1. PLACE OF DEATH

Maryland Tuberculosis Sanatorium

County CarrollColored Branch (23)Registration Dist. No. 74Village or City Henryton, Maryland

No.

(above)

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)How long in U.S. if of foreign birth?        yrs.        mos.        ds.2. FULL NAME Russell Hugh PrestwidgeWAR SERVICE None(a) Residence: No. 541 McMechan St., Balto., Md. Ward.       

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 25, 1914

7. AGE

Years

Months

Days

If LESS than  
1 day,        hrs.  
or        min.2146

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Music Teacher9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Unknown10. Date deceased last worked at  
this occupation (month and  
year)Unknown11. Total time (years)  
spent in this  
occupation Unknown12. BIRTHPLACE (city or town)  
(State or country)Baltimore  
MarylandFATHER  
MOTHER

13. NAME

Algalon Prestwidge14. BIRTHPLACE (city or town)  
(State or country)Jamaica  
W. I. Isles

15. MAIDEN NAME

Bessie Saunders16. BIRTHPLACE (city or town)  
(State or country)Belair  
Maryland17. INFORMANT  
(Address)John E. O'Neill, M. D.  
Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Dec. 5, 193519. UNDERTAKER  
(Address)C. C. Wright  
for M. D. Saunders  
John E. O'Neill20. FILED 12/1/35, 19Deputy Local

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 1, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Oct., 16, 1935, 19      , to Dec., 1, 1935I last saw him alive on Dec., 1, 1935, 19      ; death is said  
to have occurred on the date stated above, at 7:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary Tuberculosis

Date of onset

Sept.  
1935

Other Contributory Causes of importance:

Name of operation        Date of       What test confirmed diagnosis?        Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?       (Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify       (Signed) John E. O'Neill M. D.(Address) Henryton, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

Date of onset

1915  
1921  
July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy  
Run over by street car  
Peritonitis

Date of onset

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14065

## 1. PLACE OF DEATH

County CarrollVillage or City Westminster

No.

St.

Ward

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Annie Mary Racine(a) Residence: No. 49 Golden St. Golden Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Harvey Racine</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Oct 24 - 1965</u>		
7. AGE <u>70</u>	Years <u>2</u>	Months <u>1</u>
10. Data deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		

MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Frederick CO Maryland</u>
	13. NAME <u>Gco. Washington Trump</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Carroll CO Maryland</u>
	15. MAIDEN NAME <u>Mary Jane Garbon</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Carroll CO Maryland</u>
	17. INFORMANT <u>Harvey Racine</u> (Address) <u>Westminster Md</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>West Union</u> Date <u>Dec 28, 1935</u>	
19. UNDERTAKER <u>H. Bankard &amp; Son</u> (Address) <u>Westminster Md</u>	
20. FILED <u>26</u> , 19 <u>35</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>Dec 25 1935</u> (Month) (Day) (Year)	22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 18 1935</u> to <u>Dec 25 1935</u> I last saw him alive on <u>Dec 24 1935</u> ; death is said to have occurred on the date stated above, at <u>7 A</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: <u>Myocarditis (acute)</u> Other Contributory Causes of Importance: <u>Plumery</u>
Name of operation <u>none</u> Date of <u>none</u>	What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>none</u> Date of injury <u>none</u> , 19 <u>35</u> Where did injury occur? <u>none</u> (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Manner of injury <u>none</u> Nature of injury <u>none</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>none</u> (Signed) <u>W. C. Smith</u> M. D. (Address) <u>Westminster Md</u>	

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

14066

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

20 yrs.

If death occurred in a hospital or institution, give its NAME instead of street and number

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Lewis J. Reese

6. DATE OF BIRTH (month, day, and year)

29 Dec 1850

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Dec 8, 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12  
(Month)8  
(Day)1935  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

3-8-1935, to 12-8-1935

I last saw her alive on 12-7-1935; death is said

to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14067

## 1. PLACE OF DEATH

County

Carroll

Registration Dist. No.

80

Village or City

New Windsor

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Milton Dallas Reid

(a) Residence: No.

East Main St.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Margaret E. Currens

6. DATE OF BIRTH (month, day, end year)

Aug 6 1867

7. AGE

Years

Months

Days

If LESS than  
1 day, ..... hrs.  
or ..... min.

68

3

29

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Retired Postmaster

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)

Nov 23 1933

11. Total time (years)  
spent in this  
occupation

12 yrs

12. BIRTHPLACE (city or town)

Keyserville Md

(State or country)

MOTHER

13. NAME

Tobias Reid

14. BIRTHPLACE (city or town)

Keyserville Md

(State or country)

15. MAIDEN NAME

Mary Prebe

16. BIRTHPLACE (city or town)

Md.

(State or country)

17. INFORMANT

(Address)

Margaret Reid  
New Windsor Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Beverly Cemetery

Date

Dec 7 1935

19. UNDERTAKER

(Address)

S. D. Wampler & Sons  
New Windsor Md

20. FILED

Dec 5 1935

Ernest A. Benedict

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec

5

1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

November 9<sup>th</sup> 1935, to December 5<sup>th</sup> 1935I last saw him alive on December 4<sup>th</sup> 1935; death is said

to have occurred on the date stated above, at 3-A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Simple Goitre  
Bronchitis  
Broncho-Pneumonia

Date of onset

1910  
11-8-35  
12-1-35

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 722

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Arthur G. Smith  
New Windsor, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14068

## 1. PLACE OF DEATH

County CarrollVillage or City near Sykesville,

No.

Registration Dist. No. 83

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 79 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Samuel G. Ridgely,

(a) Residence: No.

near Sykesville, MdSt.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of  
~~or wife of~~Mary Ann Ridgely6. DATE OF BIRTH (month, day, and year) 1856-3-6.

7. AGE

Years

79

Months

9

Days

8If LESS than  
1 day, hrs.  
or min.

OCCUPATION

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Farmer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)12/10/3511. Total time (years)  
spent in this  
occupation 79 years

12. BIRTHPLACE (city or town)

Carroll Co.

(State or country)

Maryland.

FATHER

13. NAME

William R. Ridgely,

14. BIRTHPLACE (city or town)

Howard Co.

(State or country)

Maryland.

MOTHER

15. MAIDEN NAME

Michael Unknown Harden

16. BIRTHPLACE (city or town)

Howard Co.

(State or country)

17. INFORMANT

(Address)

Mrs. Mary A. Ridgely, Md.  
R.F.D. - Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Messiah Cmty.

Date

Dec. 17, 1935.

19. UNDERTAKER

(Address)

67 N. State  
Winfield, Md.

20. FILED

Dec. 16, 1935George M. Hewitt  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December, 14,1935.

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 111935, toDec 141935I last saw him alive on Dec 14, 1935; death is saidto have occurred on the date stated above, 6:50p. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronchopneumonia

Date of onset

12-12By "cerebral accident," cerebral throm-  
bosis in cerebral vessels.

Other Contributory Causes of importance:

Cerebral accident & rt hemiplegia 12-11  
Cerebral thrombosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1935

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

George M. Hewitt M. D.  
Sykesville, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

14069

## 1. PLACE OF DEATH

County

*Carroll*

Registration Dist. No. *76*

Village or City

*Westminster*

No.

*Home for aged*

St.

Ward

Length of residence in city or town where death occurred

*3*

ys.

mos.

ds.

How long in U.S. if of foreign birth?

ys.

mos.

ds.

## 2. FULL NAME

*Agnes Reese Ruark*

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Female*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

*Thomas J. Ruark*

6. DATE OF BIRTH (month, day, and year)

*Feb 14 1863*

7. AGE

Years

*72*

Months

*10*

Days

*29*

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

*Retired*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

*Baltimore Md*

FATHER

13. NAME

*Philip J. Young*

14. BIRTHPLACE (city or town) (State or country)

*Md*

MOTHER

15. MAIDEN NAME

*Sarah Butler*

16. BIRTHPLACE (city or town) (State or country)

*Md*

17. INFORMANT (Address)

*Mrs Helen Repley Westminster Md*

18. BURIAL, CREMATION, OR REMOVAL

Place

*Baltimore*

Date

*Jan 14 1936*

19. UNDERTAKER (Address)

*G. B. Wippert Son Baltimore*

20. FILED

*17-20-1936*

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*Dec 30*

(Month)

(Day)

1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from *Dec 25*, 1935, to *Dec 30*, 1935

I last saw him/her alive on *Dec 29*, 1935; death is said to have occurred on the date stated above, at *6:30* a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Mesenteric Thrombosis*  
*General Peritonitis*

Date of onset

*12/20/35*  
*12/27/35*

Other Contributory Causes of importance:

*Cause of mesenteric thrombosis is unknown, but it was not due to cancer.*

Name of operation

*Clival*

Date of

What test confirmed diagnosis

*Clival*

Was there an autopsy?

*No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed)

*L. H. Woodward*

M. D.

(Address)

*Westminster*

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

14070

## 1. PLACE OF DEATH

County Carroll

Village or City Lyonsville

Registration Dist. No. 74

Length of residence in city or town where death occurred 19 yrs. 2 mos. 29 ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

Lena Sass

If U.S. Veteran specify WAR       

(a) Residence: No. 3827 Park Heights St. Ave. Ward.       

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Sass

6. DATE OF BIRTH (month, day, and year) 1884 Unknown

7. AGE Years 51 Months        Days        If LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.       

10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (city or town) Unknown (State or country) Russia

13. NAME Yanochek Polack

14. BIRTHPLACE (city or town) Unknown (State or country) Russia

15. MAIDEN NAME Faye Fishbein

16. BIRTHPLACE (city or town) Unknown (State or country) Russia

17. INFORMANT Hospital Records (Address) Lyonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cem. Balt. Place        Date Dec 8, 1935

19. UNDERTAKER Isaac Lewis (Address) Baltimore Md.

20. FILED Dec 6, 1935 Harry Miller

Registrar

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH

December 6, 1935  
(Month) (Day) (Year)

#### 22. I HEREBY CERTIFY, That I attended deceased from

Nov. 8, 1935, to December 6, 1935

I last saw him alive on December 5, 1935; death is said to have occurred on the date stated above, at 7:00 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis Date of onset 12-6-35

#### Other Contributory Causes of importance:

Arteriosclerosis 1916

Name of operation        Date of       

What test confirmed diagnosis?        Was there an autopsy? No

#### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19       

Where did injury occur?        (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       

Nature of injury       

#### 24. Was disease or injury in any way related to occupation of deceased?

If so, specify       

(Signed) Wanda H. Rees M. D.

(Address) Lyonsville, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14071

## 1. PLACE OF DEATH

County CarrollVillage or City Greenville

No.

St.

Ward

Length of residence in city or town where death occurred 35 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

John Michael Schmidt(a) Residence: No. Greenville

St.

Ward.

(Usual place of abode)

If nonresidential give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marj</u>		
6. DATE OF BIRTH (month, day, and year) <u>Dec. 14 1860</u>		
7. AGE Years <u>74</u>	Months <u>11</u>	Days <u>23</u>
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Lumber</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1935</u>		11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (city or town) Germany  
(State or country)13. NAME John Schmidt14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME Unrecorded16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT Marj Mary Schmidt  
(Address) Greenville Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Carroll Co. Md. Date Dec. 7, 193519. UNDERTAKER See above  
(Address) Greenville Md.20. FILED Dec 6, 1935 Marj Mary  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 5th, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1935, to Dec 5th, 1935I last saw him alive on Dec 4th, 1935; death is said to have occurred on the date stated above, at 5:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Myocarditis; Chronic  
Duration not stated

Other Contributory Causes of Importance:

Heart block 11/24/35  
asthma 15 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John L. Saffell M. D.(Address) Washington, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14072

## 1. PLACE OF DEATH

County CarrollVillage or City SykesvilleRegistration Dist. No. 74No. Springfield State Hospital St. Ward

Length of residence in city or town where death occurred

yrs. 10mos. 2

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Schreiner(a) Residence: No. 2608 Garrett Avenue, Baltimore, Maryland.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofLouise Geisse6. DATE OF BIRTH (month, day, and year) 1/9/1856

7. AGE

Years

79

Months

11

Days

14

If LESS than

1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Mechanic9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Unknown10. Date deceased last worked at  
this occupation (month and  
year) 193011. Total time (years)  
spent in this  
occupation Unknown

12. BIRTHPLACE (city or town)

Unknown

(State or country)

Germany

FATHER

13. NAME

August Schreiner

14. BIRTHPLACE (city or town)

(State or country)

Unknown  
Germany

MOTHER

15. MAIDEN NAME

Minnie Becker

16. BIRTHPLACE (city or town)

(State or country)

Unknown  
Germany

17. INFORMANT

(Address)

Springfield State Hospital  
(records)  
Sykesville, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn Cme. Date Dec 26, 1935

19. UNDERTAKER

(Address)

William Cook  
Baltimore Md.

20. FILED

Date

Dec 23, 1935 Harry H. H.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 23, 1935.

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Feb. 21st, 1935, to December 23, 1935I last saw him alive on Dec. 23rd, 1935, death is said  
to have occurred on the date stated above, at 7:55 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

ArteriosclerosisPrior toFeb.,1935.

Other Contributory Causes of importance:

Chronic MyocarditisPrior toFeb.,1935.

Name of operation

None

Phys. exam. and Lab. findings

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Chas. L. Schreiner  
Sykesville - Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*  
*Chronic interstitial nephritis*  
*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*  
*Run over by street car*  
*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

14073

## 1. PLACE OF DEATH

County Carroll

Village or City Westminster

No.

Registration Dist. No. 76

St.

Ward

Length of residence in city or town where death occurred 5 yrs. 3 mos. 3 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Lydia Ellen Shaffer

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <u>write the word</u> ) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>John D. Shaffer</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>July 12 - 1874</u>		
7. AGE Years <u>51</u>	Months <u>8</u>	Days <u>23</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)	
MOTHER / FATHER	13. NAME <u>George W. Arbough</u>
	14. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)
	15. MAIDEN NAME <u>Lucretia Turple</u>
	16. BIRTHPLACE (city or town) <u>Ind.</u> (State or country)
17. INFORMANT <u>Mary E. Shaffer</u> (Address) <u>Westminster Ind. &amp;c.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grider Cem.</u> Date <u>Dec. 8</u> , 19 <u>35</u>	
19. UNDERTAKER <u>Bankard Isen</u> (Address) <u>Westminster Ind.</u>	
20. FILED <u>12/6</u> , 19 <u>35</u> <u>W. Woodward</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

December 5<sup>th</sup>, 1935  
(Month) (Day) (Year)

### 22. I HEREBY CERTIFY That I attended deceased from

Dec 1<sup>st</sup>, 1935, to Dec 5<sup>th</sup>, 1935  
I last saw h. en alive on Dec 5<sup>th</sup>, 1935; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cerebral Hemorrhage. 12/1/35

### Other Contributory Causes of importance:

Chr. Urinary Regurgitation -  
Chr. Intestinal Defectives.  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

### 24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify \_\_\_\_\_  
(Signed) Shute Ban M. D.  
(Address) Westminster, Maryland.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14074

## 1. PLACE OF DEATH

County Carell Registration Dist. No. 74  
 Village or City Lykens No. Springfield St. 100  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 4 yrs. 2 mos. 18 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Catharina Singer  
 (a) Residence: No. 228 So. Regatta St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>(1st name unknown) Singer</u>		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 18 1854</u>		
7. AGE Years <u>81</u>	Months <u>2</u>	Days <u>24</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>-</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
	13. NAME <u>(unknown) Wagner</u>
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
	17. INFORMANT <u>Hospital Records</u> (Address) <u>Lykens Pa.</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>1844 Reberme</u> Date <u>Dec 14</u> , 19 <u>35</u>	
19. UNOERTAKER <u>Montani, P. C. Reppel</u> (Address) <u>77 S. Main St.</u>	
20. FILED <u>Dec. 14</u> , 19 <u>35</u> <u>C. Harry Warr</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  
December 11, 1935  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Oct. 11, 1930, to December 11, 1935

I last saw him alive on December 10, 1935; death is said to have occurred on the date stated above, at 12:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Myocardial Degeneration  
 Date of onset 1930

Other Contributory Causes of Importance:

Varicose Ulcer  
Left leg  
 Date of onset 12-1-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Hand M. Ross M. D.

(Address) Lykens Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14075

## 1. PLACE OF DEATH

County

Carroll

Registration Dist. No.

71

Village or City

Linwood

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Amelia Spielman

(a) Residence: No.

outside

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

Henry Spielman

6. DATE OF BIRTH (month, day, and year)

March 11-1848

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

87

9

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Adolph Sittig

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Not known

17. INFORMANT (Address)

H. C. Spielman  
Linwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Winter Cemetery

Date

Dec 26, 1935

19. UNDERTAKER (Address)

D. D. Harter & Sons  
New Windsor, Md.

20. FILED

Dec 24, 1935 Margaret R. Engler

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 23, 1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

1926 to

Dec. 23, 1935

First seen alive on

Dec. 1

1935; death is said

to have occurred on the date stated above, at 1:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Generalized Arterio-Sclerosis

Date of onset

?

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical finding

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jas. J. Thord  
New Windsor, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14076

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place

Date

19. UNDERTAKER  
(Address)

20. FILED

19

19

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12

(Month)

9

(Day)

1935

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on 19

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14077

## 1. PLACE OF DEATH

County

Carroll

Registration Dist. No.

77

Village or City

Snydersburg

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Vila L. Steger

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

husband or (or) WIFE of

William F. Steger

6. DATE OF BIRTH (month, day, end year)

Oct. 13 1867

7. AGE

Years

68

Months

2

Days

1

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

June 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

John B. Albargh

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

M. Snyder

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

William H. Steger

18. BURIAL, CREMATION, OR REMOVAL

Place

Greenmount

Date

12-17, 1935

19. UNDERTAKER

(Address)

Jacob Wink's Sons

20. FILED

Dec. 16, 1935

Mildred S. Hughes

(deputy) Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec

(Month)

14

(Day)

1935

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

Sept 12

1935

to

Dec 13

1935

I last saw him alive on Dec 13, 1935; death is said

to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:

Hypertrophy of the Heart

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

P. F. Wells

M. D.

(Address)

Manchester, Ind.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1911</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14078

## 1. PLACE OF DEATH

County CarrollVillage or City WestminsterRegistration Dist. No. 74St. P.O.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred        yrs.        mos.        ds.How long in U.S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

(a) Residence: No.       St.       Ward.       

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year)

12-31-35

7. AGE

Years XMonths XDays XIf LESS than 1 day, X hrs. or        min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Md.

FATHER

13. NAME

John A. Stern

14. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Myrtle Edmondson

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

John A. Stern  
P.O. Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Funeral Home  
Md. Date Dec 31, 1935

19. UNDERTAKER

(Address)

Funeral Home  
Lynchville Md.

20. FILED

Dec 31, 1935Harry H. H.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12

(Month)

31

(Day)

1935

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

12-31-3519

to

19I last saw him alive on       , 19      , death is saidto have occurred on the date stated above, at        m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

prematurity - 6 1/2 to Mrs.still born

Date of onset

12/31/35

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14079

## 1. PLACE OF DEATH

County Carroll Registration Dist. No. 81  
 Village or City Union Bridge No. 97 St.      Ward       
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred      yrs.      mos.      ds. How long in U. S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

(a) Residence: No. Benedum St.      Ward.       
 (Usual place of abode)  
 If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a. If married, widowed, or divorced  
 HUSBAND OF John W. Strausburg  
 (or) WIFE OF

6. DATE OF BIRTH (month, day, and year) May 30 1855

7. AGE Years 80 Months 6 Days 22 If LESS than 1 day,      hrs.      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home  
 10. Date deceased last worked at this occupation (month and year)       
 11. Total time (years) spent in this occupation     

12. BIRTHPLACE (city or town) Carroll Co Md  
 (State or country)

13. NAME Harris

14. BIRTHPLACE (city or town) Not Known  
 (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known  
 (State or country)

17. INFORMANT J. W. Strausburg  
 (Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL  
 Place Cape Creek Date Dec 24, 1935

19. UNDERTAKER D. D. Harper & Sons  
 (Address) Union Bridge Md

20. FILED Dec 24, 1935      Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 22, 1935  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Dec 22, 1935

I last saw her alive on Dec 22, 1935; death is said to have occurred on the date stated above, at 9 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
 Other Contributory Causes of Importance:

Name of operation      Date of     

What last confirmed diagnosis?      Was there an autopsy?     

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of injury     , 19    

Where did injury occur?     

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury     

Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?     

If so, specify     

(Signed) T. H. Legg M. D.

(Address) Union Bridge Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14080

## 1. PLACE OF DEATH

County CarrollVillage or City LangetownNo. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? 62 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Minnie Stricker  
2521 Francis St.(a) Residence: No. Baltimore St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Thomas Stricker6. DATE OF BIRTH (month, day, end year) Feb. 19, 18757. AGE Years Months Days 11 LESS than  
62 9 24 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. - Mechanicsville  
(State or country) Maryland13. NAME John Beiber14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME do not know16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT George Bowers  
(Address) Langetown Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Mechanicsville Date Dec. 16, 193519. UNDERTAKER J. W. Little & Son  
(Address) Littlestown, Pa.20. FILED Dec. 18, 1935 Mary B. Wilt  
Seputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 December 13, 1935  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ elive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Sherman E. Flanagan Coroner M. D.(Address) Westminster Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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## Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14081

## 1. PLACE OF DEATH

County

Carroll

Registration Dist. No.

77

Village or City

Greensmount in Hampstead

No.

St.

Ward

Length of residence in city or town where death occurred

68

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Joseph Frank Utz

(a) Residence: No.

Hampstead Md

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emma V. Utz

6. DATE OF BIRTH (month, day, and year)

Feb. 1867

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

10

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1927

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (city or town) (State or country)

Hampstead Md

FATHER

13. NAME

David Utz

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Elizabeth Boldrey

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Vernon Q. Utz

(Address)

3614 York Rd. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Greensmount Md

Date

12-30, 1936

19. UNOBTAINER

Edgar C. Tipton

(Address)

Hampstead Md

20. FILED

Dec. 29, 1935

Mildred S. Hughes

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.

27

1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

I last saw him alive on

, 19

; death is said

to have occurred on the date stated above, at

1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Thomas E. Flanagan M. D.

(Address) Hampstead Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14082

## 1. PLACE OF DEATH

County CarrollVillage or City Myers Fork

No.

Registration Dist. No. 72

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Elias Warner

(a) Residence: No. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Winifred Warner6. DATE OF BIRTH (month, day, and year) Dec-19-18657. AGE Years 70 Months - Days - If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. -10. Date deceased last worked at this occupation (month and year) - If. Total time (years) spent in this occupation -12. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland13. NAME Wm Elias Warner14. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland15. MAIDEN NAME Julia Coffey Smith16. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland17. INFORMANT Alice Warner (Address) Myers Fork W.D.18. BURIAL, CREMATION, OR REMOVAL Place Silver Run Date Dec 21, 193519. UNDERTAKER J. A. Little & Son (Address) Littlestown Pa20. FILED Dec. 19th, 1935 Calvin G. Gentry Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 19 1935  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Dec. 10 1933 to Dec. 19 1935I last saw him alive on Dec. 18 1935; death is saidto have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Cute Myocarditis  
Angrene of L. leg  
Diabetes Mellitus  
Date of onset Dec. 4, 35  
Nov. 35

Other Contributory Causes of importance:

Chronic prostatitis  
Leuphistic  
Date of onset 1934Name of operation none Date of -What test confirmed diagnosis? Lab. Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury - 19 -

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury -Nature of injury -

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Lewis Wesel M. D.(Address) Union Mills, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14083

## 1. PLACE OF DEATH

County Carroll Registration Dist. No. 81  
 Village or City Near Union Bridge No.      St.      Ward       
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred      yrs.      mos.      ds. How long in U.S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Benjamin H. Wetzel  
 (a) Residence: No.      St.      Ward       
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Blanch May Wetzel</u> (or) WIFE of <u>    </u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct 6 1871</u>		
7. AGE Years <u>64</u>	Months <u>2</u>	Days <u>25</u> If LESS than 1 day, <u>    </u> hrs. or <u>    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>    </u>	
11. Total time (years) spent in this occupation <u>    </u>		
12. BIRTHPLACE (city or town) <u>Fredrick Co Md</u> (State or country)		
FATHER	13. NAME <u>Levi Wetzel</u>	
	14. BIRTHPLACE (city or town) <u>not known</u> (State or country)	
	15. MAIDEN NAME <u>Sophia Fagle</u>	
	16. BIRTHPLACE (city or town) <u>not known</u> (State or country)	
MOTHER	17. INFORMANT <u>Blanch May Wetzel</u> (Address) <u>Union Bridge Md</u>	
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Bethany Cemetery</u> Date <u>Jan 2 1936</u>	
19. UNDERTAKER <u>D. D. Saylor, Jr. Sons</u> (Address) <u>Union Bridge Md</u>		
20. FILED <u>Jan 2 1936</u> <u>    </u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>Dec 31 1935</u> (Month) (Day) (Year)	22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 9 1935</u> to <u>Dec 31 1935</u> I last saw him alive on <u>Dec 15 1935</u> ; death is said to have occurred on the date stated above, at <u>    </u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Carcinoma Stomach</u> Date of onset <u>    </u>
Other Contributory Causes of importance: <u>    </u>	
Name of operation <u>Gastroenterostomy</u> Date of <u>Sept 9 1935</u> What test confirmed diagnosis? <u>    </u> Was there an autopsy? <u>    </u>	
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>    </u> Date of injury <u>    </u> , 19 <u>    </u> Where did injury occur? <u>    </u> (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Menner of injury <u>    </u> Nature of injury <u>    </u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>    </u> (Signed) <u>T. H. Legg</u> M. D. (Address) <u>Union Bridge</u>	



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14084

## 1. PLACE OF DEATH

Maryland Tuberculosis Sanatorium

County Carroll(Colored Branch) (23)Registration Dist. No. 74Village or City Henryton Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 18 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Blanche Elizabeth WilliamsWAR SERVICE None(a) Residence: No. Rock Hall, Kent Co., Md. St. \_\_\_\_\_ Ward. None

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <u>write the word</u> ) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of Miller Williams  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb. 18, 1891  
Dec. 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>10</u>	<u>7</u>	

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Housewife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. -----10. Date deceased last worked at  
this occupation (month and  
year) -----11. Total time (years)  
spent in this  
occupation ---12. BIRTHPLACE (city or town) Rock Hall, Md.  
(State or country)13. NAME William Wicks14. BIRTHPLACE (city or town) Rock Hall  
(State or country) Md.15. MAIDEN NAME Sadie Harris16. BIRTHPLACE (city or town) Rock Hall  
(State or country) Md.17. INFORMANT John E. O'Neill, M.D.  
(Address) Henryton, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Rock Hall, Md. Date Dec 28, 193519. UNDERTAKER Green & Sons Inc.  
(Address) Superiorville, Md.20. FILED Dec. 25, 1935 Dep. Local  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 25, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Nov. 7, 1935, to Dec. 25, 1935I last saw h. er alive on Dec. 25, 1935; death is saidto have occurred on the date stated above, at 5:20 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:Pulmonary Tuberculosis

Date of onset

July  
1935Other Contributory Causes of Importance:  
-----Name of operation ----- Date of -----What test confirmed diagnosis? ----- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ----- Date of Injury -----, 19---Where did Injury occur? -----

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury -----Nature of injury -----24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify -----(Signed) John E. O'Neill, M.D.(Address) Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

T

## 14085

92-a

Registration Dist. No. 76

city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
Ada, Wilson

(Usual place of abode)

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 26, 1935  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1925, to Dec 26<sup>th</sup>, 1935

I last saw h. Jack alive on Oct. 31, 1931; death is said to have occurred on the date stated above, at 7 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Chronic Myocarditis  
& Endocarditis  
Coronary Thrombosis

Other Contributory Causes of importance

FATHER	13. NAME	Lewia V. Byrd
	14. BIRTHPLACE (city or town) (State or country)	Va.
MOTHER	15. MAIDEN NAME	Margaret Arey
	16. BIRTHPLACE (city or town) (State or country)	Va.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_  
Nature of Injury \_\_\_\_\_

29. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M.D.  
(Address) [Signature]

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14086

## 1. PLACE OF DEATH

County CarrollVillage or City Westminster

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Anna Lane Zingling(a) Residence: No. 19 Chase St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Charles B. Zingling</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 2 1867</u>		
7. AGE <u>67</u> Years	Months <u>8</u>	Days <u>26</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Carroll Co Maryland</u>
	13. NAME <u>Timothy Lane</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>
	15. MAIDEN NAME <u>Mary Hurley</u>
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>
	17. INFORMANT <u>Charles B. Zingling</u> (Address)
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's Westminster</u> Date <u>Dec 31, 1935</u>	
19. UNDERTAKER <u>H. Bankard &amp; Son</u> (Address) <u>Westminster Md</u>	
20. FILED <u>12/30</u> , 19 <u>35</u>	

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 28, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to Dec. 28, 1935I last saw her alive on Dec. 27, 1935; death is said to have occurred on the date stated above, at 2 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary ThrombosisDate of onset  
about  
Nov. 1  
1935

Other Contributory Causes of importance:

Acute Bronchitis  
Chronic Bronchitis and  
Asthma for several months  
Dec. 15  
1935Name of operation in Date of  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. H. Billingslea M. D.(Address) Westminster, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14087

## 1. PLACE OF DEATH

County CarrollVillage or City WestminsterLength of residence in city or town where death occurred 86 yrs.Registration Dist. No. 76No. 14 Carroll

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mary Elizabeth Yingling(a) Residence: No. 14 Carroll

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of The late Jesse Yingling

6. DATE OF BIRTH (month, day, and year) Jan 12 - 1836

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>99</u>		<u>11</u>	<u>5</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co  
(State or country) Maryland

FATHER	13. NAME <u>Jesse Yingling</u>
	14. BIRTHPLACE (city or town) <u>Carroll Co</u> (State or country) <u>Maryland</u>

MOTHER	15. MAIDEN NAME <u>Eizabeth Hoppe</u>
	16. BIRTHPLACE (city or town) <u>Carroll Co</u> (State or country) <u>Maryland</u>

17. INFORMANT Miss E. G. Yingling  
(Address) Westminster Md18. BURIAL, CREMATION, OR REMOVAL  
Place Kinders Date Dec 20, 193519. UNDERTAKER H. B. Bankard & Son  
(Address) Westminster Md20. FILED 12/18, 1935  
Registrar W. H. Woodson

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 17, 1935  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1935, to Dec 16, 1935.I last saw him alive on Dec 16, 1935; death is said to have occurred on the date stated above, at 6:30 PM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Indigestion

Date of onset

Primary Cause: Acute indigestion; terminat-  
ing in gastro-enteritis. Inva-  
tion: six days out of 8.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) John J. Stewart M. O.(Address) Westminster

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

14088

## 1. PLACE OF DEATH

County Carroll SPIN CORREDATE LIMITED Registration Dist. No. 76  
 Village or City Westminster No. 147 E. Green St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME James Wesley Gile

(a) Residence: No. 147 E. Green St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ida Gile</u>		
6. DATE OF BIRTH (month, day, and year) <u>April 10 - 1854</u>		
7. AGE <u>81</u>	Years <u>8</u>	Months <u>3</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired Farmer</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		

12. BIRTHPLACE (city or town) <u>Winfield</u> (State or country) <u>Maryland</u>
13. NAME <u>David H. Gile</u>
14. BIRTHPLACE (city or town) <u>Winfield</u> (State or country) <u>Maryland</u>
15. MAIDEN NAME <u>Elegeth Parish</u>
16. BIRTHPLACE (city or town) <u>Carroll Co</u> (State or country) <u>Maryland</u>
17. INFORMANT <u>Mrs. Ida Gile</u> (Address) <u>Westminster Md</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winfield Cemetery</u> Date <u>Dec 15</u> , 19 <u>35</u>
19. UNDERTAKER <u>W.B. Bankard &amp; Son</u> (Address) <u>Westminster Md</u>
20. FILED <u>12/14/35</u>

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>Dec. 13</u> , 19 <u>35</u> (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 7</u> , 19 <u>35</u> , to <u>Dec. 13</u> , 19 <u>35</u> I last saw him alive on <u>Dec. 12</u> , 19 <u>35</u> ; death is said to have occurred on the date stated above, at <u>6 A.</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Chronic Myocarditis</u> Date of onset <u>about 5 yrs ago</u> Other Contributory Causes of importance: <u>Fracture of neck of femur and shock</u> <u>Semidelementia (for 3 years)</u> Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>Fall</u> Date of injury <u>12/7</u> , 19 <u>35</u> Where did injury occur? <u>In kitchen of home</u> (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. <u>Home</u> Manner of injury <u>Fell on floor</u> Nature of injury <u>Fracture of neck of femur</u> 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>C.H. Billingsley</u> M. D. (Address) <u>Westminster, Md.</u>

MARGIN RESERVED FOR BINDING

V. S. No. 1

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